

CLAIMS ONLY						
Application Number 10501911						Filing Date
Applicant(s)						
* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
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45						
46						
47						
48						
49						
50						
Total Indep	1					
Total Depend	27					
Total Claims	28					